

CLAIMS ONLY							Application Number <i>10/625096</i>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
-11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<i>33</i>						Total Indep			
Total Depend	<i>38</i>						Total Depend			
Total Claims	<i>41</i>						Total Claims			